

# The Health Care Monitor

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## TRICARE Northwest

### Conference paves the way to T-Nex

By Chris Hober  
TRICARE Northwest  
Office of the Lead Agent

**Portland, Ore. –** While the Fourth Annual West Coast TRICARE Conference, held July 7-10 at the Jantzen Beach Doubletree Inn here may have been the last such event, it certainly wasn't the least in the estimation of those who attended. The conference, which comprised all of the Pacific Coast TRICARE Regions, set the stage for the ongoing transformation of military health care through improved health outcomes, enhanced readiness for both caregivers and war fighters and improved contract support through the TRICARE Next Generation of Contracts or (T-Nex).

Brig. Gen. Michael A. Dunn, Commander of Madigan Army Medical



Ms. Pamela L. Eisfeld of Health Net Federal Services Marketing staff speaks to conference attendees about TRICARE activities in the TRICARE NW region.

Center (MAMC), TRICARE Northwest, and the Army's Western Region Medical Command, set the stage by demonstrating the value of provider intervention to improve patient outcomes both to the medical system and to people being followed for chronic disease management. He shared some very impressive preliminary results of the ongoing Diabetes Outcomes Program.

The general noted that because there was more work involved for the

Primary Care Manager in monitoring patient outcomes and ordering necessary tests and procedures, PCM time was impacted and their efficiencies dipped slightly as a result. Early results show, however, that while outcomes required slightly more PCM time and attention, it actually freed up both providers and services in other areas of the hospital. Outcomes resulted in a decrease of about 13% in Specialty Care visits for those being followed, and a roughly 33% decrease in Emergency Room visits for that group. Moreover, it resulted in far better compliance with the recommended National Institutes of Health Diabetes guidelines than comparable programs across the civilian health care spectrum.

(See **Conference** page 4)

# Navy Hospital's family practice residency training

By Larry Coffey  
Naval Hospital Bremerton PAO

**Naval Hospital Bremerton—** Eleven medical doctors participated in a graduation ceremony this summer at Naval Hospital Bremerton for the Naval Hospital Bremerton's Puget Sound Family Medicine Residency Program, or PSFMR. Navy Hospital's family practice residency program is one of only five Navy-wide.

The ceremony recognized six doctors completing their first year of residency and five who were graduating after completing their third year of the three-year program.

Lt. Cmdr. Frederick Reed and Lt. Adam K. Saperstein will take their American Board of Family Practice board certification exam July 11, said Capt. Michael R. Spieker, a family practice physician and director of PSFMR.

Lt. Cmdr. Alisa T. Blitz-Seibert, Lt. Mark Y. Liu and Lt. Cmdr. Kenneth Wells will take their board exam later in the year.

Of the six first-year residents, Lt. William M. Lucas, Lt. Donna A. McLaughlin and Lt. Anna L. Techentin will continue in the residency program at Naval Hospital. Lt. Merlene V. Christopher will transfer to the Navy's newest residency program located at Camp LeJeune, NC. Lt. Ryan A. Bell and Lt. Michael L. McCord will transfer to other commands to serve as physicians.

Spieker said doctors who have completed their first year of family



(From top left) Lt. Cmdr. Kenneth Wells, Lt. Cmdr. Frederick Reed, center-Lt. Cmdr. Alisa T. Blitz-Seibert, Lt. Mark Y. Liu and (bottom right) Lt. Adam K. Saperstein.

practice residency are either selected to continue training for two more years or selected to go into the fleet where they can serve in a variety of positions such as general medical officers, flight surgeons or undersea medical officers. Those returning to the fleet typically serve 2 ½ to three years at which time they must decide to return to family practice residency training or remain in their current field.

Those who chose to return to the family practice residency program may elect to complete their training at Naval Hospital Bremerton or any of the other four programs located at Camp Pendelton, Ca.; Pensacola, Fla.; Jacksonville, Fla.; or Camp LeJeune, NC.

While family practice physicians are specialists, the interns must also learn to become generalists.

"The first year is general training with a focus on learning to take care of families," Spieker said. "They have about 100 patients in their practice, which is about 25 families. We say family practice is cradle to grave. They do everything from OB care to geriatric care."

Prior to arriving for their first year at Navy Hospital, a family practice intern has completed an undergraduate degree and four years of medical school training, making him or her a medical doctor. Some of the doctors may also have served a short time as a physician at a Navy command.

The graduates and their follow-on commands are: Blitz-Seibert, Naval Hospital, Twenty-nine Palms, Calif.; Lieu, Naval Branch Clinic, Okinawa, Japan; Reed, Naval Branch Clinic, Okinawa, Japan; Saperstein, Naval Branch Clinic, Okinawa, Japan; Wells, Naval Hospital, Sasebo, Japan.

First-year residents and their follow-on commands are: Bell, Branch Clinic, Naval Submarine Base, Bangor; and McCord, USS Camden (AOE-2) home-ported at Naval Station Bremerton. Christopher will continue family residency training at the Naval Hospital at Camp LeJeune. Lucas, McLaughlin and Techentin remain at Naval Hospital Bremerton to complete their training.



## TRICARE web page offers marketing toolkit

By TRICARE Management Activity East

The family-centered care marketing toolkit provides guidance from Military Health System leadership to local facilities on how to market family-centered care for expectant mothers and their families. The new family-centered care program offers families standardized services starting with the first obstetric

(OB) visit and continuing after the birth of the child. In creating the family-centered care program, the military services combined their expertise to offer patients a world-class standardized OB benefit while upholding the military's unique ability to assist family members whose sponsors are deployed.

For more information please go to:

<http://www.tricare.osd.mil/familycare/FAQs.cfm>

The following web sites are from the ten hospitals chosen as the best hospitals to have a baby, published by FitPregnancy magazine, December-January 2002:

[www.bidmc.harvard.edu](http://www.bidmc.harvard.edu)  
[www.flhosp.org](http://www.flhosp.org) (click on locations)  
[www.sharp.com/hospital](http://www.sharp.com/hospital)  
[www.stelizabeth.com](http://www.stelizabeth.com)  
[www.st-johns.org](http://www.st-johns.org)

[www.wehealnewyork.org](http://www.wehealnewyork.org)  
[www.uhhs.com](http://www.uhhs.com)  
[www.womenandinfants.com](http://www.womenandinfants.com)

The Family Centered Care Institute web site [www.familycenteredcare.org](http://www.familycenteredcare.org) is another good place to look for how different health care organizations have implemented the family-centered care philosophy of care.

## Naval Hospital Bremerton reservist spearheads volunteer project

By Larry Coffey  
 Naval Hospital Bremerton Public Affairs Officer

When HM3 Mary Case volunteered to head up a volunteer project to clean the F-8A Crusader at the city-owned Naval Aviation Depot Park just outside the Naval Hospital Bremerton, she said she felt it was a simple project. She and a couple of hospital corpsmen could knock out in a couple of days, or so she thought.

The activated Navy reservist from the Stead, Nevada, Navy and Marine Corps Reserve Center north of Reno soon found herself involved in a complex project in-



volving people and assets throughout the region.

Case said she, several active and

HM3 Mary Case scrubs the F-8A Crusader at Naval Aviation Depot Park at Austin Drive and Kitsap Way. Case, an activated Navy reservist from the Stead, Nevada, led a 12-day volunteer project to clean then paint the aircraft. (Photo by HM2 (SW) Julie Jorgensen)

reserve Navy Hospital personnel and two aviation structural mechanics from Whidbey Island just completed a 12-day project cleaning then painting the aircraft, which was donated to the City of Bremerton in 1975.

Case, now a barracks petty officer at the Navy Hospital, said the idea to clean the aircraft came up

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(**Conference** continued from page 1)

Brig. Gen. Dunn explained that while the Diabetes Outcomes Program will improve the health of middle aged and senior beneficiaries, other programs are being developed which will impact service member fitness and readiness, as well, such as injury prevention and cardiovascular outcomes programs. He added that the challenge will be to invest young service members in such programs who perceive themselves to be invulnerable to illness and injury due to their age.

Transition to T-Nex dominated many aspects of the conference, and was a primary topic on day one as Mr. Ed Wyatt Principal Deputy Assistant Secretary of Defense for Health Affairs, gave the T-Nex overview from the TMA perspective, followed by Col. Norman Spector, Acting Regional Director, TRICARE Regional Office – West, who provided the regional and local perspective regarding the evolving T-Nex structure and responsibilities.

Breakout sessions were also conducted on a variety of topics from information system support to reserve mobilization lessons learned, in support of clinical, IM, administrative and readiness tracks. Breakouts included such topics as “T-Nex Financing Model;” “Resource Sharing and Local Support Contracts for T-Nex;” “MTF Commander’s T-Nex Tool Kit;” Implementing CHCS II – The Good, the Bad and the Ugly;” “National Disaster Medical System and Emer-



Conference attendees enjoy a Fun Run of 3-miles on their second day of activities.

gency Medical Service Authority Support;” “Depression and Diabetes – A Dysfunctional Relationship;” “Multi-service Market Areas – A how to of Managing this Population’s Health;” and “Simple Steps to Developing a Marketing Plan and Conducting Research,” among others.

During the conference, each region singled out honorees deserving of recognition and a special award was presented to them for their outstanding efforts. TRICARE Northwest honored Ms. Christy McAtee with the Lead Agent’s Award for Excellence for her management of the regional pharmacy formulary monitoring which resulted in over \$1.1 Million in savings to the TRICARE NW Region and the regional price monitoring programs which avoided over \$1.5 Million in TRICARE NW alone, and an additional \$1.7 Million in cost avoidance for the Southern and Northern California TRICARE Regions. TRICARE NW also honored the Central Appointment Working Group, 3<sup>rd</sup> Medical Group, Elmen-

dorf AFB, Alaska with an additional Lead Agent’s Award for Excellence for their outstanding work to develop and award a contract for appointing that improved telephone access and waiting time to the point that patients complaints dropped from 30 weekly to zero.

TRICARE Northern California honored Mr. Steven Harrison of Health Net Federal Services, who

logged over 10,000 hours of support to deploying reservists over the past year. TRICARE Southern California singled out Naval Hospital Camp Pendleton for their outstanding catchment area management program that resulted in outstanding patient satisfaction.

Days two and three of the conference combined learning with fun, as a host of inspirational and motivational speakers entertained as they taught. Ms. Nancy Friedman, the “Telephone Doctor” gave the basics of good telephone technique, Dr. Wayne Sotile challenged the audience to make a good organization great, explaining that while the big things in life may have their impact, it’s the little stuff that will kill relationships – at work and at home. Ms. Rhoda Weiss tossed out to the audience 500 ideas that you can use to improve your marketing, and Dr. Ronaldo Archer concluded the conference with the topic “Peak Performance Under Peak Pressure: How to Be Your Best When It Counts the Most, in which he

(See **Conference** page 6)

## Fleet Hospital 8 heads home

SBy Journalist 1st Class (SW)  
Stacey Moore, **Fleet Hospital 8 Public Affairs**

**ROTA, Spain (NNS)** -- After caring for almost 1,400 inpatients and performing more than 250 surgeries, Fleet Hospital (FH) 8 has pulled up stakes and is heading home. The tents and equipment have been crated up and stowed into shipping containers for transit back to the United States.

Fleet Hospital 8 is the first 250-bed Fleet Hospital deployed since the Gulf War. It provided medical support to sick and injured American warriors deployed in support of Operation Enduring Freedom and Operation Iraqi Freedom. Fleet Hospital 8 initially deployed Feb. 16.

"These American heroes," according to FH-8 Commanding Officer Capt. Pat Kelly, "deserved and got world-class healthcare and caring from a highly motivated team of professionals assigned to FH-8."

Drawing from 20 commands throughout the United States, FH-8 hit the ground running with the initial assembly of a 116-bed Expeditionary



A Navy Hospital Corpsman preparing the operating room at Fleet Hospital (FH) 8, located at Naval Station Rota, in preparation for the arrival of 39 wounded Marines and Soldiers from Operation Iraqi Freedom. FH-8, the largest and longest deployed Fleet Hospital in Navy Medicine, is preparing to head home. *(U.S. Navy file photo)*

Medical Facility and later transitioned to a larger, more capable 250-bed Fleet Hospital. According to Kelly, "we were needed early on to establish an alternative medical treatment capability in the communication zone, and once established, continued with our original plan to build a more capable Fleet Hospital."

The staff was a combination of doctors, nurses, corpsmen, Seabees and a host of administrative and technical support personnel. The entire process, from the assembly through the tear-down, was an all-hands effort, which tested the ability to construct a major tent hospital and care for warriors in a field setting.

To transport patients to and from the flight line,

the Fleet Hospital staff integrated the Air Force's Mobile Aero-medical Staging Facility (MASF) into the hospital structure, allowing safer, more comfortable patient movement. MASF was responsible for the unloading and loading of patients from medical evacuation flights and transport to and from the hospital. Additionally, they incorporated a Joint Warrior Support Center for the first time. This was comprised of service liaison personnel from all the services. These liaisons provided relief to the patients in the form of clothing, identification cards, family notification, command contact and even new shoes.

According to Kelly, "Fleet Hospital 8 was the

first, largest and longest deployed Fleet Hospital in Navy Medicine." The hospital had many firsts for a field unit. The mental health department took lessons learned from previous conflicts and applied a proactive approach to evaluating the patients to screen for early signs of Post-Traumatic Stress Disorder. Appropriate interventions were taken early on to preclude future related problems. Prior to returning warriors to their home units, they provided redeployment briefs to address normal stressors associated with family separation.

Additionally, management information personnel built the first successful Local Area Network and used multiple new computer systems in a field environment, including the Defense Medical Logistics Standard Support System, a comprehensive inventory and supplies provider.

"I couldn't be more proud of this staff," according to Kelly, who added, "They cared for every patient with great care and professionalism."



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during morning quarters at the barracks. SKC (SW/AW) Chuck Rhinesmith, Case's leading chief petty officer, was discussing potential community projects.

"The community is so supportive of the Navy and the deployment of Fleet Hospital Eight," Case said, "we wanted to give something back in return. Someone mentioned the airplane. As soon as I heard that, I jumped on it because I like airplanes, and it really needed some tender loving care."

The operating room technician turned inn keeper used some of Rhinesmith's contacts in the Puget Sound area to enlist volunteers like the two aviation structural mechanics, AMS (AW) Huu Tran and AMS2 (AW) John Cunanan, experienced aircraft painters from the Naval Air Station, Whidbey Island.

"It wasn't just painting the aircraft," Case said. "They knew how to manage the whole restoration project. We pressure washed it and got all the loose particles off. We hand scrubbed it with the

green scrubbie pads. We scuffed it up using sand paper – sanded the whole airplane. Then we went over the whole airplane with isopropyl alcohol and sprayed it off to make sure all the dirt was off. Finally, we wiped it down."

Next, the Navy volunteers taped off the decals then returned the next day to paint it. After two-plus days of delays due to equipment problems, the aircraft was finally painted.

Case said the delays could have been much longer had it not been for

help from area commands. Equipment and supplies were loaned or donated by several Navy Hospital departments, Johnson Controls, Subase Bangor and Whidbey Island, turning what began as a Naval Hospital BEQ volunteer weekend into an almost two-week Northwest Navy team effort.

"It takes a long time to paint an airplane," Case said. "That thing is 54' long, 15' high with the wings folded. It's just massive, and it was a massive project."

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taught that being a good leader is difficult, but that there's help. The blueprint for good leaders, he explained, has been readily available to anyone interested, having been developed by the ancient Greeks.

The conference also promoted some fun events for attendees, including a dinner cruise on the Columbia for conference attendees who wished to sign up, and a "Fun Run" of three miles on the second morning of the conference. Captain Art Mathisen from Weed Army Community Hospital, Ft. Ir-

win, CA finished first among males and Lt. Col. Christine Parker, TRICARE Central, Ft. Carson, CO was the top female finisher at the run.

Mr. Michael Petty, Region 11 Conference Planner stated, "From all aspects, venue, program, activities, conference support, vendor participation, and plenary speakers, this has been the very best conference in the past nine years".

This was the last scheduled joint conference planned by Region's 9, 10 and 11 in light of the MHS restructuring that will take place in

2004. Brig. Gen. Dunn, in his closing comments, asked that the TRICARE Regional Office – West to continue with regional conferences, building on the great success of this conference.